



Utah Department of Environmental Quality
Division of Solid and Hazardous Waste
Mailing Address: P.O. Box 144880, Salt Lake City, Utah 84114-4880
Physical Address: 288 North 1460 West, Salt Lake City, Utah 84116

Annual Used Oil Handlers Report

All used oil handlers must submit this annual report to the Division no later than March 1st for the previous calendar year's used oil activities.

Please complete ALL applicable sections
Fill Out a Separate Form for EACH TYPE of Permit You Hold

I. GENERAL INFORMATION			
Company Name		Utah Permit Number(s)	
Contact Name and Title		EPA ID Number(s)	
Contact Mailing Address		Phone Number	
		FAX Number	
		E-mail Address	
Type of Permit (check one) <input type="checkbox"/> Transporter/Transfer Facility <input type="checkbox"/> Processor/Re-Refiner <input type="checkbox"/> Off-Specification Burner			
II. USED OIL INFORMATION (Based on manifests or other accurate inventory method)			
A. OPERATIONAL STATUS (e.g., operating, closed, modification of operations, change in facility location, mailing address, ownership, etc.) R315-15-13.4(e), R315-15-13.5(e), and R315-15-13.6(b)(4), Utah Administrative Code, require all permitted used oil handlers to provide written notification within 20 days to the Executive Secretary of the Utah Solid and Hazardous Waste Control Board of any changes in the information submitted in the approved permit application.			
B. TRANSPORTERS/TRANSFER FACILITIES			
INCOMING USED OIL			Gallons
1. Total volume of used oil collected from Utah generators			
2. Total volume of used oil collected from out-of-state generators			
3. Total volume of used oil collected (transferred) from other permitted facilities			
OUTGOING USED OIL			
4. Total volume of used oil delivered to Utah facilities			
Type of facility (transporter, transfer facility, processor, re-refiner, burner), name, address/phone, and volume delivered to each facility (Attach additional sheets if necessary)			
Type	Name	Address/Phone	Gallons
5. Total volume of used oil delivered to out-of-state facilities			
Type of facility (transporter, transfer facility, processor, re-refiner, burner), name, address/phone, and volume delivered to each facility (Attach additional sheets if necessary)			
Type	Name	Address/Phone	Gallons
6. Total volume of used oil transferred to other permitted transporter			

C. PROCESSORS/RE-REFINERS		
1. Type of specific process or processes employed		
	Gallons	
2. Total used oil inventory at <u>beginning of reporting year</u>		
3. Total volume of incoming used oil brought into facility for processing, re-refining, or storage (include purchases of used oil from other companies, plus collections of used oil under transporter permit, if applicable)		
4. Total volume of used oil processed or re-refined		
Average daily volume of used oil processed as of December 31st of reporting year		
5. Total volume of outgoing <u>used oil</u> products (sales and transfers)		
a. Total volume of on-specification used oil burner fuel (excluding used oil derived diesel)		
b. Total volume of other used oil derived fuels (such as used oil derived diesel)		
c. Total volume of non-fuel used oil derived products (such as lubricating oil)		
6. Total estimated volume of used oil consumed, lost, or spilled during processing or re-refining		
7. Total volume of waste products generated, including waste water (gauged or calculated)		
List type of waste, disposal method, disposal location, and volume for each type of waste		
Type Method Name Address/Phone		
8. Total used oil inventory as of December 31 st of reporting year		
D. OFF-SPECIFICATION BURNERS		Gallons
1. Total volume of off-specification used oil acquired (documented on incoming manifests)		
2. Total volume of off-specification used oil generated (documented on manifests or other company records)		
3. Total volume of off-specification used oil burned (based on estimated consumption or more accurate method if available)		
Average daily volume of off-specification used oil burned as of December 31 st of reporting year		
E. USED OIL FILTERS (Optional)		Number
(One 55-gallon drum of <i>crushed</i> used oil filters = approximately 400 used oil filters)		
(One 55-gallon drum of <i>uncrushed</i> used oil filters = approximately 250 used oil filters)		
One ton of drained used oil filters = approximately 2,350 used oil filters)		
1. Quantity of used oil filters collected/generated during reporting year		
2. Disposition of collected used oil filters	Number In-State	Number Out-of-State
a. Quantity transferred to another permitted used oil facility		
b. Quantity transferred directly to a waste-to-energy facility		
c. Quantity transferred directly to a metal foundry for recycling		
d. Quantity disposed at a landfill		
e. Total quantity of disposed used oil filters (sum of 2a, 2b, 2c and 2d)		
3. Describe how and where the used oil filters were managed		

III. GENERAL LIABILITY INSURANCE INFORMATION	
Facility Name	Utah Permit Number(s)
Physical Address	EPA ID Number(s)
Insurance Company	Coverage Types and Amounts (or attach current ACORD)
Policy Number	Effective Date
IV. ENVIRONMENTAL POLLUTION LIABILITY INSURANCE FOR THIRD-PARTY DAMAGES (Transfer facilities and processors/re-refiners may need both sudden and non-sudden coverage)	
Insurance Company	Coverage Types and Amounts <input type="checkbox"/> Sudden Occurrence Maximum: \$ _____ Annual Aggregate: \$ _____ or <input type="checkbox"/> Sudden & Non-sudden Occurrence Maximum: \$ _____ Annual Aggregate: \$ _____
Policy Number	
Effective Date	
V. FINANCIAL ASSURANCE INFORMATION FOR CLEANUP/CLOSURE COSTS (Transporters do not need to fill out this section)	
Type of financial assurance mechanism <input type="checkbox"/> Letter of Credit* <input type="checkbox"/> Payment Bond* <input type="checkbox"/> Insurance Policy <input type="checkbox"/> Trust Fund Agreement Instrument Control No.: _____ Instrument Value (\$): _____ * Indicates mechanisms that require use of a Standby Trust Fund Agreement	
ESTIMATE ADJUSTMENT: (check and use either box A or box B, below)	
Cleanup/closure cost estimates may be adjusted by using an inflation factor or by recalculating the maximum costs of closing in current dollars. Select ONE of the methods of cost estimate adjustment below.	
A. Inflation Factor Adjustment <input type="checkbox"/> Inflation adjustment using an inflation factor may only be made when a Division of Solid and Hazardous Waste approved closing cost estimate exists and no changes have occurred in the facility operation which would necessitate modification to the closure plan. The inflation factor is derived from the most recent Implicit Price Deflator for Gross National product published by the U.S. Department of Commerce in its final publication for the survey of Current Business (usually on March 30 th for the proceeding year). The inflation factor is the result of dividing the latest published annual Deflator by the Deflator for the previous year. This adjustment is based on the Division's approved closing cost estimate dated: _____ <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> _____ Latest Division Approved Closing Cost Estimate </div> <div style="text-align: center;"> x <u>1.021</u> 2004 Inflation Factor </div> <div style="text-align: center;"> = _____ TOTAL CLOSING COST Adjusted for Inflation </div> </div> Note: the face value of the financial assurance for cleanup/closures must meet or exceed the Total Closing Cost	
B. Recalculated Cost Estimates <input type="checkbox"/> Recalculate closing costs for the time period in the facility's operation when the extent and manner of its operation makes closing most expensive . Third party estimate/quote must be provided for each item of the closure plan in the permit or a professional engineer's certification of the cost estimate. Costs must be for a third party providing all materials and labor. TOTAL CLOSING COST: _____ Note: the face value of the financial assurance for cleanup/closures must meet or exceed the Total Closing Cost	
VI. CERTIFICATION	
The Company owner or his/her designated representative must sign this form. I certify under penalty of law that this report and all attachments were prepared by me or under my direction or supervision. The information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowing violations. Name _____ Title _____ Signature _____ Date _____	